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ABSTRACT

Individualizing treatment to accommodate the diverse needs of patients has long been a priority among psychologists. In the inpatient realm, where heterogeneous client groupings are often common, individualizing treatment is an ongoing challenge for therapists compelled to rely increasingly on cost-effective group treatment modalities. This paper proposes that streamlined assessment techniques, group sessions tied explicitly to elements of the treatment plan, and incorporation of solution-focused treatment methods will help to facilitate individualization of inpatient treatment. (GCP)

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by

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Tailoring Treatments for Diverse Inpatient Populations

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SUMMARY

Individualizing treatment to accommodate the diverse needs of patients has long been a priority among psychologists. Research examining how diagnostic and personality variables mediate the effects of interventions has established the importance of tailoring care to the specific requirements of particular client groups. The differential strengths and weaknesses of clients affect how helping techniques operate; optimizing treatment influences requires sensitivity to how each client best learns how to change.

In the inpatient realm, where heterogenous client groupings are often common, individualizing treatment is an ongoing challenge for therapists compelled to rely increasingly on cost-effective

group treatment modalities. Assembling groups of clients that are homogenous with respect to all the relevant client dimensions is a rarity. Instead, therapists must develop flexible ways of accommodating the diverse needs of those within their heterogeneously comprised therapy groups.

Streamlined assessment techniques, group sessions tied explicitly to elements of the treatment plan, and incorporation of solution-focused treatment methods were found to facilitate individualization of inpatient treatment, despite reliance on group treatment modalities. Findings from this state hospital setting, serving the needs of a heterogeneous severely mentally ill population, suggest that the demand for individualized treatment planning can be reconciled with the need to provide group therapy.

I. Brief Problem Identification Testing

Brief Problem Identification Testing (BPIT) can assist clinicians in clarifying specific treatment objectives for individual patients. On units where turnover is rapid and staff in short supply, complete psychological evaluations are not universally available. Focused assessments based on structured interview and historical data can describe key psychological concerns that must be addressed on the treatment plan. The BPIT form addressed cognitive, psychoeducational, affective, impulse control, interpersonal, substance abuse, posttraumatic, and other problems.

Following a two hour inservice training program, samples of psychology intern trainees were on average able to complete the BPIT form in approximately fifteen minutes; more experienced clinicians had a mean time of ten minutes. The BPIT can expedite the treatment planning and group assignment process by summarizing the patient's focal difficulties (see sample).

II. Goal Group Techniques

Five years of experience with conducting groups focused on familiarizing patients with their treatment objectives suggests that regular rehearsal of therapy goals helps many severely mentally ill patients. Goal group participation requires patients to think about their treatment in concrete, behavioral terms, clarifies staff expectations for them, and encourages optimism. Discussing goals in group encourages peer support and establishes a sense of shared hopefulness. Leading goal groups also orients clinicians to measurable treatment objectives, and facilitates their provision of timely feedback to patients regarding goal attainment.

Centralized collection of weekly behavioral progress data by representatives of individual treatment disciplines facilitates communication about patients' improvement among team members. Goal group leaders can integrate this information and share it with patient goal group members to help patients to recognize how their progress is being noted by all staff members.

III. Solution-Focused Group Techniques

While much of the treatment process involves articulation of deficits and maladaptive behavior, expanding the strengths within a patient's repertoire is clearly a priority. Orienting inpatients to instances of their effective coping with difficult stressors can help to increase perceived self efficiency.

When inpatients complain about feeling overwhelmed, inquiring about recent times when they did not experience these difficulties in closely related situations, can provide clues for future solutions. Distinguishing between the contextual elements that facilitate coping and those associated with distress, can help patients make more constructive choices. Emphasizing "what sometimes works" can alert patients to their strengths, foster brainstorming, and improve optimism.

Even patients with treatment-resistant problems (including dissociative identity disorder, borderline personality disorder, and refractory schizophrenia) have been found to benefit from constructive refocusing on strengths. Rather than focus on episodes during which symptoms interfered with goal attainment, these patients can be encouraged to learn about the circumstances which promote their more effective functioning.

Determining how certain members of their support network can help patients to make more appropriate choices was associated with improved success during weekend visits. Developing a list of positive self-calming strategies to employ during periods of

exacerbating stress also was linked to more successful community visits. Feedback from other group members about the efficacy of these self-management strategies helped motivate these patients to make continued use of these techniques.

Focusing more on patients' optimal periods of functioning often leads to an examination of the role of psychotropic medication in the treatment of severe mental illnesses. Group discussion of the value of medication compliance, and collaborative review of relevant recent research on the relationship between compliance and discharge success, has helped to transform many resistant patients' attitudes toward psychotropic medication.

Work reported by Haywood, Kravitz, Grossman, Cavanaugh, Davis, and Lewis (1995) and Sullivan, Wells, Morganstern, and Leake (1995) proved to be especially influential in shifting patients' attitudes constructively. Preparation of copies of research abstracts of these studies for patients to carry in their wallets was particularly helpful for dually diagnosed patients also attending substance abuse programs. Several of these patients reported that being able to reference the treatment literature enabled them to explain to peers (who frequently adopted a strong, global anti-drug stance) that for these patients psychotropic medication was an exception to the "drug free is always best" rule. Many patients reported the belief that helping peers and family members to understand their medication needs better would help them to break their cycle of multiple hospitalizations.

Discussion of unwanted side effects, and behavioral strategies for compensating for these effects (e.g., use of exercise regimes, careful attention to diet and sleep hygiene, use of social supports), has been found to improve patients' willingness to abide by medical recommendations. Those making more conscientious use of their medications were also more successful during community visits.

Brief Problem Identification Testing

Patient Name:_____ DOB:_____ Sex: Female/Male

Building/Unit:_____ Date of Admission:_____

Diagnosis:_____

History of Behavioral Problems:
Current Behavioral Problem Areas:
Cognitive:
Psycho-educational:
Affective Functioning:
Impulse Control:

A Specific Case - The Elderly

Reminiscence groups for the elderly in state hospitals may need to modify some of the tradition of reminiscence groups elsewhere. Elderly patients in state mental hospitals may have spent most of their lives in a hospital setting. The common backgrounds that members of other reminiscence groups often share- such experiences as work, marriage, and child-rearing, may have been brief or non-existent. In addition, the patient may have limited cognitive skills, a short attention span, or the presence of hallucinations, any of which may preclude extended discussions.

Even with these handicaps, reminiscence groups can be used to strengthen and help these patients. Patients frequently remember, and enjoy talking about, their school days- even when attendance at school was no more than five or six years. Some of their few successes in life may have come at this time- praise from a teacher, participation in a school play, or simply being part of a class. Other frequently relished topics of conversation are pets and childhood friends. The hospital experience itself can be used as a basis for reminiscence- for example, the staff members that the patients remembers from other buildings or the holiday celebrations in other words.

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